

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO

00 JUN 19 AM 11:27

UNITED STATES OF AMERICA, et al., : CASE NO. C-1-02-107  
Plaintiffs, : JUDGE S. ARTHUR SPIEGEL  
-vs- : MAGISTRATE HOGAN  
BOARD OF HAMILTON COUNTY :  
COMMISSIONERS, et al., : REQUEST FOR REVIEW  
Defendants. :  
:

I, Walter Meinert Jr., request that the Court review my Water-in-Basement claim, pursuant to the Court's February 2, 2006, Order. Attached hereto is the information detailing the nature of my dispute.

Respectfully submitted,

Walter Meinert Jr.  
Signature

Walter Meinert, Jr.  
Name (print)

6/19/08  
Date

## INFORMATION FOR REQUEST FOR REVIEW

Name: Walter Meiwert, Jr.Address: ~~530~~ 530 Fortune Ave  
Cinti, Oh 45219Phone: 614-226-6683

Nature of dispute and description of your disagreement (attach additional pages if necessary):

sewer break in street backed up  
sewage 2' in basement. I had items  
stored in basement which were ruined.  
I Paid for proving it was their fault, cleanup,  
trash removal before city acted. They lost paperwork  
pictures of damage and offered \$500. on my  
approx \$16,000 loss.

Date of City's decision (please attach): 3/28/08

Describe the Relief that you are seeking and any evidence that you have to support your claim.  
Please attach your original claim and other documents (receipts, photos, videos, etc.) that you  
would like the Court to review:

Relief of some kind please! This  
has been a real problem as I live in Cch, Oh  
and had to drive 160 miles round trip to each  
event, plus loss of all my stored in basement  
items. See attached

Check one:

- ☒ I would like to appear in person to explain my position to the Court.
- ☐ I do not need to appear in person. I would like the Court to issue a decision based on its review of this form and the attached documents.

Signature: Walter Meiwert, Jr.Date: 6/19/08

**\*\* File this form and any relevant documents at the Clerk of Court's office in Room 103 of the Federal Courthouse, 100 E. 5th Street, Cincinnati, OH 45202; and send a copy to the City of Cincinnati, c/o Terry Nestor, 801 Plum St., Room 214, Cincinnati, OH 45202, and/or Fax: 513-352-1515.**

# City of Cincinnati



Office of the City Solicitor

March 28, 2008

Walter Meinert, Jr.  
1377 Courtney Drive  
Washington Court House, Ohio 43160

Room 214, City Hall  
801 Plum Street  
Cincinnati, Ohio 45202  
Phone (513) 352-3334  
Fax (513) 352-1515

Patricia M. King  
*Interim City Solicitor*

Dear Mr. Meinert:

Enclosed is a release for your signature. Please sign this release and return it to me at your convenience. The second copy is for your records.

After you have signed and returned this release to me, I will forward the City of Cincinnati's check in settlement of your claim to you. Please do not alter the release, as it will delay settlement of your claim.

**If you disagree with the City's disposition of your claim, you may appeal the decision through standard legal process in the courts of Hamilton County in the Hamilton County Municipal Court or the Court of Common Pleas, both of which are located at 1000 Main Street, Cincinnati, Ohio 45202.**

**Alternatively, in accordance with an order in the Consent Decree case, Federal Case # C-1-02-107, you may file a Request for Review with the Federal Court in Cincinnati, Ohio. You should file your Request within 90 DAYS (June 26, 2008) with the Clerk's Office of the Federal Court located in the Potter Stewart U.S. Courthouse, Room 103, 100 East 5th Street, Cincinnati, Ohio 45202. You may call the Ombudsman at (513) 362-2801 (Legal Aid Society) for further information concerning your rights.**

Sincerely,

*Shirley Lenzly*

Shirley Lenzly  
Claims Administrator

Enclosures- MSD/WIB# 2020

RELEASE

THAT, Walter Meinert, Jr., 1377 Courtney Drive, Washington Court House, Ohio 43160, for the sole consideration of **FIVE HUNDRED AND 00 /100 DOLLARS (\$500.00)**, received by him to his satisfaction from the City of Cincinnati, on behalf of the City of Cincinnati, its employees, successors and assigns, does hereby, release and forever discharge said City of Cincinnati, its employees, successors and assigns to the date of these presents, from any and all claims, demands, actions and causes of actions whatsoever, or in any manner arising from an incident on October 29, 2007, at 530 Fortune Avenue, in Cincinnati, Ohio.

It is further understood and agreed that the payment of said amount of money as stated above is not to be construed as an admission of liability on the part of the City of Cincinnati, its employees, successors or assigns; liability by them being expressly denied. It is expressly understood and agreed that the payment of the above stated sum of money is the sole consideration of this release and the consideration stated herein is contractual and not a mere recital. It is expressly understood and agreed that all agreements and understandings between the parties are embodied and expressed herein.

IN WITNESS WHEREOF, I have hereunto set my hand at Cincinnati, Ohio  
this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Walter Meinert, Jr.

WITNESSED BY:

\_\_\_\_\_

WALTER MEINERT, JR.

March 4, 2008

City of Cincinnati Law Department  
Cincinnati City Hall, Room 214  
Re: MSD/WIB  
801 Plum Street  
Cincinnati, Ohio 45202

Dear City of Cincinnati Law Department,

Enclosed please find my completed (WIB #2020) claim form, documents  
and supporting pictures.

This is the cost to investigate the problem, clean and loss of items from our basement  
at 530 Fortune Avenue Cincinnati, Ohio 45215. At this point I am ready to move on  
with life, overlooking the damage to the property interior walls and floor should you  
consider and settle this matter to my satisfaction in a timely manor.

I complement the staff of MSD in their prompt and courteous manor of handling things  
so far. Kate Searpinski and Chris Sandman have been great during a very stressful  
time.

Please call with any questions or should you need something else.

Sincerely,

Walter Meinert, Jr.  
614-226-6683





Waste sewage in  
basement



Box w/computer  
in case



computer  
out of case



Table chair  
ctns



Table



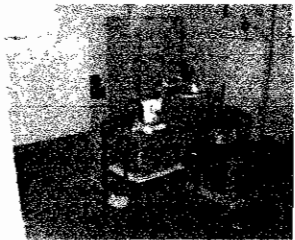
↑ Clothes



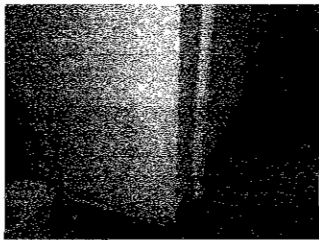
Water



Chair/ctns



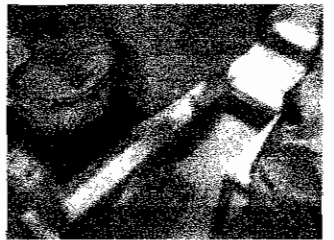
Cartons



Wall damage



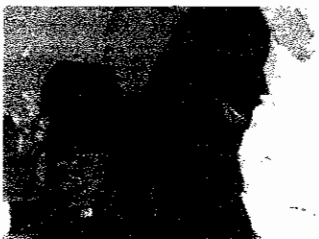
Chair typewriter



Post ctn



ctns



Boxes/folders  
chair



your clean  
up crew



crumpled + clothes



Table books

# Sewage in the basement Record

530 Fortune Ave Cintl. OH 45219

[illegible]**Total expenses** **\$7,904.08**







SEE BINDING TERMS ON REVERSE  
 Roto-Rooter Services Company  
 Remittance Address:  
 5672 Collections Center Drive  
 Chicago IL 60693  
 For Service Please Call:  
 (513) 641-3840  
 For Billing Inquiries Please Call:  
 (513) 363-3930

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74-2407  
 1036  
 SERVICE TECHNICIAN'S NAME  
 INVOICE NO. 027 11254711

CUSTOMER NAME WALTER MAHER CUSTOMER NO. \_\_\_\_\_  
 BILLING ADDRESS 530 FORTUNE BL. APT. NUMBER \_\_\_\_\_ FEDERAL I.D. # 42-0499300  
 CITY CHICAGO STATE/PROVINCE IL ZIP/POSTAL 60619 CUSTOMER PHONE NO. \_\_\_\_\_ P.O. NUMBER/AUTHORIZATION \_\_\_\_\_  
 JOB ADDRESS (IF DIFFERENT THAN BILLING ADDRESS) \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL \_\_\_\_\_

**WORK ORDER AUTHORIZATION** I authorize the services below and agree to pay the amounts indicated. I have read and agree to the terms on the reverse side, including the limits on Roto-Rooter's responsibility specified in those terms.

(SIGNATURE) [Signature] (PRINT NAME) \_\_\_\_\_

REPAIR CODE	ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED (The approximate starting date is _____, and the approximate completion date is _____). Neither date is guaranteed. Unexpected conditions or problems could cause delays.)	\$ AMOUNT
1200	Augered main sewer from stack to man hole in street	
1210	Pulled back roots, paper towels, condoms, S+D.	202.00
1210	Augered main (inside) from pulled in basement. Pulled back heavy paper towels, S+D.	298.00
1605	Settled sewer from man hole & stack in basement	475.00
ADJUSTMENTS/CHANGES IN WORK TO BE PERFORMED (Use additional invoice if needed to describe changes)		
Pulled back rocks, broken clay tile pipe & mud.		
Also camera line found break at 30' - 35'		

RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE	PAYMENT	
LABOR	LABOR		LABOR \$ <u>975.00</u>
<input type="checkbox"/> Main/Branch Lines 6 months	<input checked="" type="checkbox"/> Main/Branch Lines 30 days	<input type="checkbox"/> CASH	PARTS \$ _____
<input type="checkbox"/> Toilet Auger 7 days	<input type="checkbox"/> Toilet Auger 24 hours	<input checked="" type="checkbox"/> CHECK NO. <u>9992</u>	PRODUCTS \$ _____
<input type="checkbox"/> Plumbing Repair 6 months	<input type="checkbox"/> Plumbing Repair 90 days	<input type="checkbox"/> CREDIT CARD	OTHER \$ _____
<input type="checkbox"/> Plumbing Replacement 1 year	<input type="checkbox"/> Plumbing Replacement 90 days	<input type="checkbox"/> NET 10 DAYS	TAX \$ _____
<input type="checkbox"/> Extended Guarantee 1 year		OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH	INVOICE TOTAL \$ <u>975.00</u>
REASON FOR NO GUARANTEE _____		* In the event check is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.	

**COMPLETION** I acknowledge completion of the above described work which has been done to my complete satisfaction.

(SIGNATURE) [Signature] (PRINT NAME) \_\_\_\_\_  
 (E-MAIL ADDRESS) \_\_\_\_\_

NEXT VISIT \_\_\_\_\_

PLEASE PAY FROM THIS INVOICE

SUGGESTIONS FOR REPAIR / REPLACEMENT			
ITEM	LOCATION	ESTIMATED COST	YOU SAVE TODAY
WATER HEATER			
DISPOSER			
SINK			
TOILET			
BATHTUB			
SHOWER			
FAUCET			
DRAIN			
OTHER			

From fix-its to plumbing emergencies, call the experts at Roto-Rooter:

**1-800-GET-ROTO**

Check our Web site at [www.rotorooter.com](http://www.rotorooter.com) for discount coupons, helpful hints, fun trivia about plumbing and more!

New!

Complete your Customer Survey on-line!

(Service Technician's Signature)



11/14/2007

Walter Meinert  
1377 Courtney Drive  
Washington Courthouse, Ohio 43160

Dear Walter Meinert,

Enclosed, please find a rewritten copy of your 2 disposal Reports, listing all the items of value that were removed from your home. From what I understand, the originals were lost and then rewritten, with your help, by Kate. Could you sign them and mail the white (top copy) back to me? I've enclosed a self addressed, stamped envelop for your convenience. Unfortunately, the pictures where lost, too, so, I won't be able to send you a copy of them. I sincerely apologize for an inconvenience this may have caused you.

Respectfully,

A handwritten signature in black ink, appearing to read "Chris Sandman". The signature is written in a cursive, flowing style.

Christopher Sandman

MSD Water in Basement  
Customer Service Claim  
Representative



## WIB PROPERTY OFFSITE DISPOSAL REPORT

WIB No. 2020Customer Service Representative: Kate & JeffCustomer Name: MelnetAddress: 530 FortuneCity: CincinnatiZip: 45219

Item Description	Quantity	Comments
Vacuum	1	Clock
Vacuum bag	1 set	
Attachments for Clock	4	
Folding table	1	
back base	1	
dining table	1	
chair	8	2 Armchairs, 6 straight chairs
laptop computer	1	Apple 3400C
Case for laptop	1	
table pads	1 set	
futon mattress	1	

Cleanup Contractor: BrackDate: 10/29/07Employee Signature: [Signature]Customer Signature: [Signature]Printed Name: X Walter MelnetDate: 11/14/2007

By signing this report, I agree that the items listed above will be disposed of offsite and are eligible for inclusion in my claim.



## WIB PROPERTY OFFSITE DISPOSAL REPORT

WIB No. 2020Customer Service Representative: Kate Scarpinski Jeff AblesCustomer Name: MeinertAddress: 530 Incline Ave. City: Cint. Zip: 45219

Item Description	Quantity	Comments
Bed pan	1	
Sitz bath	1	
canva. + vinyl bags	3	
paint set + roller	1	
scrabble 1977	1	
backgammon	1	
Xmas cards	sm box full	
video collection	1	VHS tapes + cassette (10)
Bedding	3 sets	Twin comforter sheet set 10 Penny
Clothing	2 bags	
cool boxes		
pots + pans	1 box	
Serving trays	3	wood + ceramic
Wood bowl - pineapple	1	
paperwork	1 box	
blanket	full size 1	

Cleanup Contractor: BreckDate: 10/29/07Employee Signature: [Signature]Customer Signature: [Signature]Printed Name: X. Keith Meinert Jr.Date: 11/14/2007

By signing this report, I agree that the items listed above will be disposed of offsite and are eligible for inclusion in my claim.





**METROPOLITAN SEWER DISTRICT OF  
GREATER CINCINNATI**  
**CUSTOMER SERVICE FAX COVER LETTER**

DATE: 11/30/07

PAGE 1 OF 3

TO: Walter Meinart

FAX # 614-777 0444

FROM: Kate Scarpinski

PHONE # 614-226-6683

COMMENTS: Here is the form per our conversation. Thank you  
for your continued patience and understanding.

Thanks!

Kate



CUSTOMER SERVICE PHONE (513) 771-9424 FAX (513) 771-9428



**PERMISSION TO ENTER**

Property Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, own/legally occupy the property specified above, which has recently experienced basement flooding.

By my signature below, I hereby grant to the Metropolitan Sewer District of Greater Cincinnati ("MSD"), the City of Cincinnati, the Board of County Commissioners of Hamilton County, their employees, contractors, agents or other representatives, permission to enter upon my property at the address specified above for the following purposes, to be performed at MSD's expense:

- To visually inspect the property and / or to perform tests to determine the cause of the flooding in my basement.
- To clean the floor, walls, and other surfaces affected by the basement flooding. Cleaning may include wet vacuuming or other removal of spillage; mopping bare floors with cleaning solution and disinfectant; wiping walls with cleaning solutions and disinfectant; flushing out and disinfecting plumbing fixtures; removal of damaged and contaminated goods; and related other supporting services.
- To remove and dispose of any and all items of personal property which have been damaged by the flooding, except for the following items which I specifically direct shall be left in my basement (write on the back of this form if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI  
WATER-IN-BASEMENT (WIB) CLAIM FORM**

**GENERAL INFORMATION.** *To be completed by claimant.*

Name of Claimant: Water Mainly.

Address of WIB: 530 Fortune

City, Village or Township Cinti

Zip Code: 45219

Unit #, if applicable \_\_\_\_\_

Day time phone number: 614-226-6683

Type of property:  
(check one)



Single Family Residence



Multi-Family Residence (# of Units: \_\_\_\_\_)



Business

When did this WIB occurrence begin:

Oct 2007

Did you report this WIB incident to MSD?

☒ Yes

☐ No

If you reported this WIB incident, when did you report it?

around Oct 24<sup>th</sup>, 07

Number of times you have had WIB incidents in the past

0

Approximate dates of those incidents

Did a plumber or other qualified professional determine the cause of the back-up? If so, please provide a copy of a report from the plumber or other qualified professional setting out the basis for his/her conclusion. Please summarize that conclusion below.

Yes See CO film of pipe break in street  
Sewer Pipe in St broke by prior gas work  
over summer. I bought hse in Aug 07 moved in  
Sept back up started a month later  
4" in basement

**DAMAGES INFORMATION.** *To be completed by claimant*

- (1) Is your basement: ☐ Unfinished  
☒ Partly Finished  
☐ Completely Finished
- (2) If your basement was partially or completely finished, please indicate the square footage of finished square feet  
100 finished sq. ft. balance unfinished sq. ft.
- (3) Please indicate the type of floor covering that was in your basement prior to the WIB:  
☐ Bare floors ☒ <sup>area</sup> Carpeting ☐ Tile / linoleum
- (4) Please indicate what your basement is used for:  
☒ Storage ☒ Bathroom ☒ Study / den  
☒ Laundry ☐ Bedroom ☐ Family Room  
☐ Workbench Bar  
☒ Other (please specify) Weight Room
- (5) Please attach an inventory of damaged property, using the attached instructions.  
See "Seepage in Basement Record"
- (6) Do you believe that the WIB incident caused any structural damage to the premises? If so, please provide a report from a structural engineer or other qualified professional describing the damage, its causes and proposed remedies for it. Please summarize that information below.

floor spalling cracks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(7) **Diminution in Value:** Did you sell or have you tried to sell the property since the WIB? Do you believe that you received or were offered less than the full value because of the WIB incident? If so, please provide a report from an appraiser or other qualified professional quantifying the reduction in value attributable to the property's WIB status. Please also include any sale contracts or offers, as well as any declarations, documents or other evidence the you believe supports your claim.

N/A

***Additional Diminution in Value Claim Questions:***

Have you applied for MSD's WIB Prevention Program? If so, what was the result of your application? If not, why not?

In connection with the WIB situation that has given rise to your diminution in value claim, have you undertaken any other mitigation measures? If so, please describe below and attached any reports from engineers or other qualified professionals documenting the mitigation measures.



**INSURANCE INFORMATION.** *To be completed by all claimants.*

Do you have an insurance policy on the property that has experienced the WIB?  
Yes

Yes

       No

If you have insurance on the property, please provide the following information:

The name of your insurance carrier

State Farm

Your policy number:

35 - BA - K976 - 5

The amount of your deductible

\$ 500

**Please attach a copy of your policy's Declarations Sheet and / or a letter from your carrier indicating that these damages are not covered.**

*enclosed*

**OTHER POTENTIAL CLAIMANTS.**

*We request this information in order to identify any other persons who may have claims for damages as the result of the WIB. Please complete any applicable section.*

- (A) **RENTERS.** If you rent the property that experienced the WIB, please provide the following information about your landlord:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

- (B) **LANDLORDS:** If you own the property that experienced the WIB:

- (1) Please provide the following information about each tenant, co-owners, land contract holders whom you believe may have incurred damage to personal property as a result of the WIB (attach a separate sheet of paper if necessary):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Unit #: \_\_\_\_\_

- (2) Please provide the following information:

Is the property held in the name of a corporation, partnership, or other entity, rather than by individuals? Yes \_\_\_\_\_  
No ☒

If yes, provide the name of the entity that owns the property?

- (3) Please provide the following information about how we can contact you:

Address: 1377 Courtney  
 City: Wich, OH 43160 State: \_\_\_\_\_  
 Phone Number(s): 614-226-6683

**VERIFICATION:** To be completed by all claimants.

I hereby certify that the information provided on this form, as well as the information contained on my inventory of damaged property, is true and accurate to the best of my knowledge.

Walter Murray 3/4/08  
Signature of Claimant Date

**FOR OFFICIAL USE:** To be completed by MSD and / or City Claims Personnel.

Form received in Claims Section on \_\_\_\_\_ by \_\_\_\_\_

Acknowledgment letter sent to claimant on \_\_\_\_\_ by \_\_\_\_\_ (copy file)

Internal Claims Determination Form sent to MSD on \_\_\_\_\_  
received back in Claims Section on \_\_\_\_\_  
follow up calls made \_\_\_\_\_

Further information requested from MSD? ☐ Yes ☐ No  
Date of request: \_\_\_\_\_ Mode: ☐ Email ☐ Memo ☐ Oral  
(copy file)

Type of info  
requested: \_\_\_\_\_

Response to request rec'd on: \_\_\_\_\_

Further information requested from MSD? ☐ Yes ☐ No  
Date of request: \_\_\_\_\_

Type of info  
requested: \_\_\_\_\_

Response to request rec'd on: \_\_\_\_\_

Determination:

Approved

(Amount \_\_\_\_\_)

(Letter w/release sent on:\_\_\_\_\_)

(Signed release rec'd on: \_\_\_\_\_)

(Payment sent on: \_\_\_\_\_)

           Denied

(Letter sent on: \_\_\_\_\_)

Additional Notes or Comments:

[illegible]